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## RECORDATION FORM COVER SHEET

U.S. DEPARTMENT OF COMMERCE  
U.S. Patent and Trademark Office

## PATENTS ONLY

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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof

## 1. Name of conveying party(ies):

Rooster.com

Execution Dates:

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

## 3. Nature of conveyance:

- ☐ Assignment ☐ Merger  
☐ Security Agreement ☒ Change of Name  
☐ Other \_\_\_\_\_

Additional name(s) and address(es) attached? ☐ Yes ☒ No

If this document is being filed together with a new application, the execution date of the application is: \_\_\_\_\_

4A. Patent Application No(s). 60/241,543 and 09/835,088

4B. Patent No(s). \_\_\_\_\_

Filed Oct. 18, 2000 and April 13, 2001Additional numbers attached? ☐ Yes ☒ No

## 5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Alex R. PaganoInternal Address: Lowenstein Sandler PCStreet Address: 65 Livingston AvenueCity: Roseland State: NJ ZIP: 070686. Total number of applications and patents involved: 17. Total fee (37 CFR 3.41).....\$ 40.00

- ☐ Enclosed  
☒ Authorized to be charged to deposit account  
☒ Authorized to charge any underpayment or credit any overpayment to deposit account

8. Deposit account number: 501358

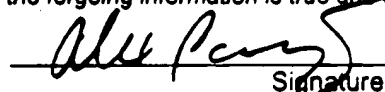
## DO NOT USE THIS SPACE

## 9. Statement and Signature.

*To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.*

Alex R Pagano, Reg. No. 44,994

Name of Person Signing

  
Signature

December 11, 2003

Date

Total number of pages including cover sheet, attachments, and documents: 7

Mail or fax (703-306-5995) documents to be recorded with required cover sheet information to:

Mail Stop: Assignment Recordation Services  
Director of the United States Patent & Trademark Office  
P.O. Box 1450, Alexandria, VA 22313-1450

**MINNESOTA SECRETARY OF STATE**

**Customer Services Division**

*Certification Section*

*(651) 296-2803*

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FOR THIS DOCUMENT IS OF SUBSTANDARD QUALITY.  
THE ATTACHED PHOTOCOPIES ARE THE BEST  
AVAILABLE.**

State of Minnesota

104C18

# SECRETARY OF STATE

## Certificate of Reinstatement

I, Mary Kiffmeyer, Secretary of State of Minnesota, do hereby certify that: The corporation listed below has filed an application for reinstatement on this date; that the corporation is hereby reinstated as of this date; and is authorized to do business in Minnesota on and after this date with all the powers, rights and privileges, and under the limitations, duties and restrictions set forth in the Statutes, Chapter 303.

Name of Corporation in Minnesota: Eaden Corporation

Corporate Charter Number: 19207

Date of Reinstatement: 05/15/2000

This certificate has been issued on 05/15/2000

*Mary Kiffmeyer*  
Secretary of State

MINNESOTA CORPORATION REGISTRATION  
TO TRANSACT BUSINESS IN MINNESOTA

10408

TO OBTAIN THE ADVANTAGES OF THIS REGISTRATION YOU MUST READ THE IMPORTANT FILING RE-  
QUIREMENTS, RESOLUTIONS AND GENERAL INFORMATION ON THE BACK OF THIS FORM.

PLEASE TYPE OR PRINT IN BLACK INK.

1. The name of this corporation:

HADEN SCHWEITZER CORPORATION  
Legal Name of Corporation

2. If the exact legal name of this corporation is unavailable in Minnesota, please complete, approve and execute the Resolution at  
the bottom of this form and list the alternate name here:

Alternate Name to be used in Minnesota

3. The state or country under the laws of which the corporation is incorporated: OHIO

4. The name of the registered agent and the address of the agent's registered office in the State of Minnesota:

CT CORPORATION SYSTEM INC.  
Full Name of Registered Agent  
405 2ND AVE. S. MPLS. MN 55401

Registered Office Address must be a street address or rural route and rural route box number of the registered agent in Minnesota  
(not to be a P.O. Box).

Registration of the registration of the corporation, constitutes irrevocable consent to service of process as provided by  
Minnesota Statutes Sections 302A.19 and 5.25.

I certify that I am authorized to execute this application and further certify that I understand that by signing this application, I am  
subject to the penalties of perjury as set forth in Minnesota Statutes Section 60A.45 as if I had signed this application under oath.  
I also certify that I understand as provided by law, the information furnished on this application and any annual registrations may be applied  
against the corporation's tax return.

(Signature of President, Vice President, Secretary or Assistant Secretary)

Name and telephone number of contact person: Robert M. Haden / 612-775-9200

RESOLUTION:

WHEREAS, the name of this corporation is currently on file with the Secretary of State of Minnesota, and WHEREAS, the corpora-  
tion has not obtained the use of this name through the consent or other procedures permitted by Minnesota Statutes, section  
302A.115, THEREFORE, BE IT RESOLVED, that the corporation shall use this name:

(Alternate name must also be filed with the Secretary of State)

which meets all the requirements of Minnesota Statutes chapters 302A and 302A.115, and 302A.116, and 302A.117, and 302A.118, for  
all purposes.

Approved: \_\_\_\_\_ by the \_\_\_\_\_ of the \_\_\_\_\_  
Day Month Year Corporation

Witnessed by \_\_\_\_\_  
Secretary of State



MINNESOTA SECRETARY OF STATE

19207  
FOREIGN CORPORATION REINSTATEMENT  
TO TRANSACT BUSINESS IN MINNESOTA

104018

IN ORDER TO ENSURE THE ACCEPTABILITY OF THIS REINSTATEMENT YOU MUST READ THE IMPORTANT FILING REQUIREMENTS, INSTRUCTIONS AND GENERAL INFORMATION ON THE BACK OF THIS FORM.

PLEASE TYPE OR PRINT IN BLACK INK.

1. The name of this corporation:

HADEN SCHWEITZER CORPORATION

Legal Name of Corporation

2. If the exact legal name of this corporation is unavailable in Minnesota, please complete, approve and execute the Resolution at the bottom of this form and list the alternate name here:

Alternate Name to be used in Minnesota

3. The state or country under the laws of which the corporation is incorporated: OHIO

4. The name of the registered agent and the address of the agent's registered office in the State of Minnesota:

CT CORPORATION SYSTEM INC.

Full Name of Registered Agent

405 2ND AVE. S. , MPLS. , MN 55401

Registered Office Address must be a street address or rural route and rural route box number of the registered agent in Minnesota (cannot be a P.O. Box).

Reinstatement of the registration of the corporation, constitutes irrevocable consent to service of process as provided by Minnesota Statutes Sections 303.13 and 5.25..

I certify that I am authorized to execute this application and I further certify that I understand that by signing this application, I am subject to the penalties of perjury as set forth in Minnesota Statutes Section 609.48 as if I had signed this application under oath. I also certify that I understand as provided by law, the information on the accompanying annual registrations may be audited against the corporations tax return.

(Signature of President, Vice-President, Secretary or Assistant Secretary)

Name and telephone number of contact person: ROBERT MACLELLAN / CONTROLLER 248-475-2000

RESOLUTION:

WHEREAS, the name of this corporation is currently on file with the Secretary of State of Minnesota, and WHEREAS, the corporation has not obtained the use of this name through the consent or affidavit procedures permitted by Minnesota Statutes, section 302A.115, THEREFORE, BE IT RESOLVED, that this corporation shall use the name:

(Alternate name must also include a corporate designation.)

which meets all the requirements of Minnesota Statutes chapters 303.05 and 302A. ~~FILED IN MINNESOTA~~ of Minnesota, for all purposes.

STATE OF MINNESOTA  
DEPARTMENT OF STATE  
FILED

Approved on    Day    Month    Year by the    Proportion    vote of the   

Directors of   

Legal Corporate Name in Home State

Secretary of State   

I certify that this is the actual text of the approved resolution.

37850537 11/88

(Signature of Corporate Secretary or Assistant Secretary)

792550



1999  
MINNESOTA SECRETARY OF STATE  
ANNUAL REGISTRATION BY FOREIGN CORPORATION  
PART I

104018

19207

Minnesota Statutes Chapter 303

1. Corporate Name used in Minnesota: <b>HADEN SCHWEITZER CORPORATION</b>
2. Legal Name in state of incorporation: <b>HADEN SCHWEITZER CORPORATION</b>
3. Name of the Registered Agent and Registered Office Address in Minnesota: <b>CT CORPORATION SYSTEM INC 405 2ND AVE S MPLS MN 55401</b>
4. Governed under the laws of the State of: <b>OH</b>

PLEASE READ ALL INFORMATION BELOW

Items 1 through 4, if pre-printed, list information currently on file with the Office of the Secretary of State.

If the corporate name has changed (Item 2), you must also send a "Certificate of Name Change" issued by the state of incorporation showing the old and the new name and an additional \$50 filing fee. A copy of a name change amendment is not acceptable.

If the registered office/agent has changed (Item 3) you must also send a "Notice of Change of Registered Office/Agent" form and an additional \$50 filing fee. This form may be obtained by calling (651)296-2803.

5. Does this corporation own, lease, or have any financial interest in agricultural land or land capable of being farmed in Minnesota? (check one) <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>
6. Name and daytime telephone number of contact person for the corporation: <b>JOHN S. DOYLEKILH 6248 475-5200 EXT: 5017</b>

*[Signature]*  
(Signature of authorized officer or representative)

**2-11-00**  
(Date)

STATE OF MINNESOTA  
DEPARTMENT OF STATE  
FILED

MAY 16 2000

INSTRUCTIONS

This is a two part form. The purpose of Part I is to verify information on file with the Office of the Secretary of State of Minnesota. The purpose of Part II is to compute the fees for filing this annual registration. Filing fees required by the Secretary of State for this annual registration are separate from the taxes paid to the Minnesota Department of Revenue.

WHO MUST FILE

Each calendar year every corporation (excluding nonprofits) authorized to do business in the state of Minnesota must file an annual registration. NOTE: A corporation qualified in Minnesota after January 1 of the current year is not required to file this report until the following year. If the corporation is no longer transacting business in Minnesota, contact our Public Information Line at (651)296-2803 for the necessary filing requirements.

FORMS

At the beginning of each calendar year a pre-printed annual registration form is sent to the registered agent at the agent's address in Minnesota.

ANNUAL REGISTRATION/EXTENSIONS DUE:

The annual registration is due between January 15th and May 15th of each year and covers the preceding taxable year. Because Part II requires the entry of your Minnesota taxable net income, you may need an extension of time to file the annual registration. To receive an extension of time to file the annual registration, read, sign and date the following: I certify that this corporation has filed an extension of time for filing its Federal or State tax return and so is entitled to an extension of time to file the annual registration.

*[Signature]* **2-11-00**  
(Authorized Signature) (Date)

Send a photocopy of this annual registration (Part I) to obtain an extension of time for filing your annual registration until October 15th. No fee is due at the time of filing the extension. Failure to file the annual registration will result in revocation of your authority to do business in Minnesota.

792580

10821705 (Rev. 11/98)

State of Minnesota

122025

## SECRETARY OF STATE

eYield Solutions, Inc.  
Corporation Service Company  
33 S 6th Str - Multifoods Twr  
Mpls MN 55402

### FOREIGN CORPORATIONS CERTIFICATE OF REVOCATION

File Number X 104118

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: the following corporation failed to file an annual report in compliance with Minnesota Statutes Section 303.14. Therefore, the authority of the corporation to do business in the state of Minnesota is hereby revoked pursuant to Minnesota Statutes, section 303.17, on this date.

Name of Foreign Corporation in Minnesota: eYield Solutions, Inc.

Name of Foreign Corporation in State of Incorporation: eYield Solutions, Inc.

State of Incorporation: DE

This certificate has been issued on 02/13/2003.



*Mary Kiffmeyer*  
Secretary of State.



# MINNESOTA SECRETARY OF STATE

## CERTIFICATE OF ASSUMED NAME

Minnesota Statutes Chapter 333

FILED - MINNESOTA  
SECRETARY OF STATE

0255303 2-76

Filing fee: \$25.00

Read the directions on reverse side before completing.

The filing of an assumed name does not provide a user with exclusive rights to that name. The filing is required for consumer protection in order to enable consumers to be able to identify the true owner of a business.

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK FOR MICROFILMING PURPOSES.

1. State the exact assumed name under which the business is or will be conducted: (one business name per application)

Rooster.com

2. State the address of the principal place of business. A complete street address or rural route and rural route box number is required; the address cannot be a P.O.Box.

5601 Green Valley Drive, Suite 700

Blomington  
City

MN  
State

55437  
Zip code

Street

3. List the name and complete street address of all persons conducting business under the above Assumed Name. Attach additional sheet(s) if necessary. If the business owner is a corporation, provide the legal corporate name and registered office address of the corporation.

Name (please print)

Street  
c/o Corporation Service Company  
38 South 6th Street

City  
Mpls.

State  
MN

Zip

55402

eYield Solutions, Inc.

4. I certify that I am authorized to sign this certificate and I further certify that I understand that by signing this certificate, I am subject to the penalties of perjury as set forth in Minnesota Statutes section 609.48 as if I had signed this certificate under oath.

Signature (Only the person listed in #3 is required to sign.)

Michael J. Kolar - General Counsel and Secretary  
Print Name and Title

Michael Kolar  
Contact Person

952-842-2603  
Daytime Phone Number

7-26-01

Date